

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

IMPORTANT: Indicate type of committee you are reporting for: 2

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name

Dick Sokolowski

Political Party

Democrat

Office Sought

State House Seat

District (if Senate or House)

53

Donald J. T. Semin

SIGNATURE OF TREASURER (or person filing this report)

712-786-2169
TELEPHONE

DATE SIGNED

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>548</u>
Logged In	
Scanned	
Computer	
Audited	

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 14th REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate one 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1839

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1088

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 2927

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 2927.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 4719.27

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 789.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Sokolowski for State Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-19-04	ID# CK#	Dennis and Rose De Young 864 - 610th St Quimby, IA 51049		\$ 5.00	<input type="checkbox"/>
5-19-04	ID# CK#	Fern Petlon 300 Main St, P.O. Box 155 Aurelia, IA 51005		10.00	<input type="checkbox"/>
5-19-04	ID# CK#	Brian Fulton 509 W Cherry St Cherokee, IA 51012		100.00	<input type="checkbox"/>
5-19-04	ID# CK#	Richard Waterbury 1423 - 520th St Cherokee, IA 51012		50.00	<input type="checkbox"/>
6-01-04	ID# CK#	Alan and GERALYN Hoefling 338 - 510th St Marcus, IA 51035		75.00	<input type="checkbox"/>
6-21-04	ID# CK#	Ray Mullins 2233 440th St Peterson, IA 51047		20.00	<input type="checkbox"/>
6-21-04	ID# CK#	Scott and Sally Wilkie 1626 - 470th St Cherokee, IA 51012		50.00	<input type="checkbox"/>
6-21-04	ID# CK#	Glen and Susan McCannon 137 Walnut St, P.O. Box 758 Aurelia, IA 51005		50.00	<input type="checkbox"/>
6-09-04	ID# CK#	Ronald and Mary Berg 1463 - 510th St Cherokee, IA 51012		30.00	<input type="checkbox"/>
6-09-04	ID# CK#	Leon Klotz 1325 Greta St Cherokee, IA 51012		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 400	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

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6-09-04	ID# CK#	Richard Jensen 1358-480th St. Meriden, IA 51037		\$ 50.00	<input type="checkbox"/>
6-09-04	ID# CK#	Filmore and Darlene Gustafson 1702 Linden St. Cherokee, IA 51012		25.00	<input type="checkbox"/>
6-29-04	ID# CK#	Ruby Wych P.O. Box 59, 706 54th Ave Washta, IA 51061		25.00	<input type="checkbox"/>
6-29-04	ID# CK#	Gene P 4450 C Ave Marcus, IA 51035		25.00	<input type="checkbox"/>
6-17-04	ID# CK#	Chuck Perrin 1637 600th St Cherokee, IA 51012		60.00	<input type="checkbox"/>
6-04-04	ID# CK#	Donna Stodden P.O. Box 392 Marcus, IA 51035		15.00	<input type="checkbox"/>
6-04-04	ID# CK#	Joan Oentrich 622 W Locust Cherokee, IA 51012		3.00	<input type="checkbox"/>
6-04-04	ID# CK#	Floyd and Mary Lux 318 West View Ave Cherokee, IA 51012		15.00	<input type="checkbox"/>
7-07-04	ID# Voucher no. 09825550 CK# 356181	United Food and Commercial Workers Internal Union, AFL-CIO/CLC 1775 K St., N.W., Washington, D.C. 20006-1598		200.00	<input type="checkbox"/>
7-14-04	ID# CK#	Plymouth County Democratic Fund 17279 180th St Akron, IA 51001		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 668

TOTAL (if last page of this schedule)

\$

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Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-14-04	ID# CK#	Plymouth County Democratic Fund 17279 180th St Akron, IA 51001		\$ 20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 20.00

TOTAL (if last page of this schedule)

\$ 1088

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Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/19/04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk letters mailed to voters in District 53	\$ 99.20
6/02/04	" "	" "	99.20
6/03/04	" "	" "	149.05
6/07/04	" "	" "	99.20
6/05/04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	gas for parade car	14.53
7/04/04	" "	" "	18.13
6/24/04	" "	printed T-Shirts	181.51
SUB-TOTAL			\$ 660.82
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

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Reset Form

SCHEDULE
D
(Rev. 08/98) INCURRED
INDEBTEDNESS

☐ CHECK THIS BOX
IF AMENDING
FORM

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

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DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/21/04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	envelopes purchased for bulk mailing	\$ 9.63
6/25/04	" "	" "	21.40
7/03/04	" "	" "	7.49
6/29/04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	candidate pictures	14.82
5/29/04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	yard signs	940.75
6/10/04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	letter head with letter printed paper	158.26
7/06/04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	printed cowboy cards	267.16
SUB-TOTAL			\$ 1419.51
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 4719.27

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Page 2 of 2
(for Schedule D)

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COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

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Reset Form

SCHEDULE

D

(Rev. 06/98)

INCURRED

INDEBTEDNESS

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FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

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DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4-19-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk letters mailed to voters in District 53	\$ 99.20
4-20-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk letters mailed to voters in District 53	100.00
4-21-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
4-26-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
4-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
5-04-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
5-06-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
SUB-TOTAL			\$ 943.20
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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 Page 1 of 5
(for Schedule D)
CANDIDATE COMMITTEES NOTE:

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COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

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Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
--------------------------------------	--------------------------

☐ CHECK THIS BOX
IF AMENDING
FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
3-23-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Postage Paid for Letters mailed to registered voters	\$ 37.83
4-05-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk Mail Permit #355	150.00
4-16-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk Mail Stamp	57.24
1-07-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Computer ink cartridges, computer paper	86.83
1-10-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	note pads, folders, stapler, pencils, labels, rubber bands, computer ink cartridge	45.84
3-23-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	computer ink cartridge, printed copies, labels	29.11
4-27-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	labels, appointment book	34.72
SUB-TOTAL			\$ 441.57
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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 Page 2 of 3
(for Schedule D)
CANDIDATE COMMITTEES NOTE:

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Sokolowski for State Representative Committee

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

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DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
1-01-05	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Post Office Box and Keys	\$ 26.81
1-20-05	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Post Office Box and Keys	25.00
3-26-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Woodbury County Voter Registration List	15.00
3-25-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Cherokee County Voter Registration List	13.53
5-06-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Plymouth County Voter Registration List	19.70
4-20-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	car magnetic signs	50.00
1-08-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	mailing envelopes for registered voters	6.36
SUB-TOTAL			\$ 156.40
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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Page 3 of 5
(for Schedule D)

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Sokolowski for State Representative Committee

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

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DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
2-27-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	mailing envelopes for registered voters	\$ 7.42
3-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	envelopes for mailing to registered voters	8.48
4-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	97.08
5-13-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	29.68
1-02-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letterhead sheets, Letterhead with letter	362.03
2-04-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letter head with letter	158.26
4-09-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letterhead with letter	217.41
SUB-TOTAL			\$ 880.36
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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Page 4 of 5
(for Schedule D)

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Sokolowski for State Representative Committee

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Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

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4-27-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letterhead with letter	\$ 217.41
SUB-TOTAL			\$ 217.41
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2638.94

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Page 5 of 5
(for Schedule D)

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COMMITTEE NAME (Must be same as on Statement of Organization)

Sokdowski for State Representative Committee



SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-01-04 to 6-12-04	Donald Brauninger 910 Elm St Correctionville, IA 51016		placed yard signs and took them down	\$ 21.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Ronald and Diana Nairn 105 Summit St Piterson, IA 51048		"	21.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Jim and Donna Hoefling 5267 D Ave Marcus, IA 51035		"	21.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Paul Sitzmann 28676 Nature Ave Hinton, IA 51024		"	21.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Dave and Deb Molsted 233 S 2nd St Mouille, IA 51039	Cousin	helped with phone calls to voters	21.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Troy Chindland 107 Union St Cherokee, IA 51012		placed yard signs and took them down	21.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Luke Drier 604 Main St Aurelia, IA 51005		"	21.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Jessica Busse 302 S Lewis Ave Cleghorn, IA 51014	daughter	"	14.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Traci Wilkie 1636 460 St Larrabee, IA 51029	daughter	"	14.00	<input type="checkbox"/>
6-01-04 to 6-12-04	Bob and Mary Hahn 616 N 11th St Cherokee, IA 51012	In-laws	"	21.00	<input type="checkbox"/>

SUB-TOTAL

\$

196.00

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sokolowski for State Representative Committee

Rec'd Form

SCHEDULE

E

(Rev. 06/97)

IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5-16-04 to 6-04-04	Bob and Mary Hahn 616 N 11th St Cherokee, IA 51012	In-laws	Cherokee and Plymouth County mailings to voters	\$364.00	<input type="checkbox"/>
5-16-04 5-23-04	Jessica Busse	Daughter	designed yard sign and letter	75.00	<input type="checkbox"/>
6-26-04	" "	"	helped with parade	28.00	<input type="checkbox"/>
6-26-04	Leah Schoen 6459 R Ave Holstein, IA 51025	Daughter	"	21.00	<input type="checkbox"/>
6-05-04	Aaron Sokolowski 2241 630th St Aurelia, IA 51005	Son	furnished and drove vehicle for parade	30.00	<input type="checkbox"/>
6-04-04 6-26-04 7-17-04	Bob and Mary Hahn 616 N 11th St Cherokee, IA 51012	In-laws	furnished and drove car for parades	75.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$
593.00TOTAL (if last
page of this
schedule)\$
789.00

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(for Schedule E)